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Certificate of Mailing by Express Mail

Other items or information:

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|--|--|---|---------------------------------------|-----------------------------------|---|------------------------|---------------------|-------------------------------------|---------------------------|-----------------|--|
| U.S. A | APPLICATION NO. (IF KNOWN, SECURIFIED INTERNATIONAL APPLICATION NO. $10/182$ PCT/US00/16353 | | | | | | 0. | ATTORNEY'S DOCKET NUMBER 1059.00063 | | | |
| 24. | | | owing fees are su | | | | | | CALCULATION | S PTO USE ONLY | |
| BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO | | | | | | | | | | | |
| | USPTO but International Search Report prepared by the EPO or JPO | | | | | | | | | · · | |
| | ✓ International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) | | | | | | | | | | |
| and all claims satisfied provisions of PCT Article 33(1)-(4) | | | | | | | | | \$710.00 | | |
| | | | for furnishing the test claimed prior | | | ☐ 20 | 0 | □ 30 | \$0.00 | | |
| | AIMS | | NUMBE | | NUMBER EXT | TRA . | _ | RATE | 40.00 | | |
| Total o | | + | 8 | - 20 = | 3 | | x | \$18.00 \$84.00 | \$0.00 \$252.00 | | |
| | ndent o | | Claims (check if | - 3 = | <u> </u> | | <u>^</u> | <u>₩84.00</u> | \$0.00 | | |
| Multiple Dependent Claims (check if applicable). TOTAL OF ABOVE CALCULATIONS = | | | | | | | | | \$962.00 | · | |
| Applicant claims small entity status. See 37 CFR 1.27). The fees indicated above are reduced by 1/2. | | | | | | | | | \$481.00 | | |
| SUBTOTAL_= | | | | | | | | | \$481.00 | | |
| Proces month | Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | | | | | | | | | |
| TOTAL NATIONAL FEE = | | | | | | | | | \$481.00 | | |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). | | | | | | | | | \$0.00 | | |
| | TOTAL FEES ENCLOSED = | | | | | | | | \$481.00 | | |
| | | | | | | | | | Amount to be: refunded | \$ | |
| | | | | | | | | | charged | \$ | |
| a. b. | a. A check in the amount of \$481.00 to cover the above fees is enclosed. b. Please charge my Deposit Account No. in the amount of to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | | | | |
| c. | X | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 11-1449 A duplicate copy of this sheet is enclosed. | | | | | | | | | |
| d. | d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | |
| NOTE 1.137(| E: Whe a) or (b | re an a)) must | ppropriate time t be filed and gra | limit under 37 anted to restor | CFR 1.494 or 1.495 be the application to p | has not b ending st | een m atus. | et, a petitic | on to revive (37 CFI | | |
| SEND | SEND ALL CORRESPONDENCE TO: | | | | | | | | | | |
| Kenneth I. Kohn Kohn & Associates | | | | | | | SIGNATURE | | | | |
| 30500 Northwestern Hwy. | | | | | | | Kenneth I. Kohn | | | | |
| Suite 410 Farmington Hills, Michigan | | | | | | | NAME | | | | |
| (248) 539-5050 | | | | | | | 30,955 | | | | |
| | | | | | | | REGISTRATION NUMBER | | | | |
| | | | | | | 12-14-01 DATE | | | | | |
| | | | | | | | DA. | IE | | | |